

# Worksite Assessment Tool



**The purpose of this Self Assessment is to help you become aware of the barriers to healthy lifestyles that exist in your work environment. Use this tool to help you see the opportunities for change that exist in your worksite.**

**To access all of the wonderful worksite wellness resources available for you, simply visit [www.WeArePublicHealth.org](http://www.WeArePublicHealth.org) and click on the *Worksite Wellness* tab under the *Nutrition and Physical Activity* section to begin the process of change in your workplace.**

# Worksite Assessment Tool

## Demographics

1. How many employees do you have: \_\_\_\_\_

2. What is the demographic profile of your employees?

Gender: \_\_\_\_\_%Male \_\_\_\_\_%Female

Education level: \_\_\_\_\_% <HS \_\_\_\_\_% HS \_\_\_\_\_% College \_\_\_\_\_% Masters/above

Language: Do you have any employees who do not speak English?

Yes ☐ No ☐

If yes, what percentage does not speak English? \_\_\_\_\_%

What language(s)? \_\_\_\_\_

Job Classification: \_\_\_\_\_% Blue collar \_\_\_\_\_% White collar

Age group: \_\_\_\_\_% Under 30 \_\_\_\_\_% 30-50 \_\_\_\_\_% Over 50

Fitness: What % of employees are overweight/obese? \_\_\_\_\_% Physically fit ? \_\_\_\_\_%

Transportation: What % of employees use alternative transportation to get to work? \_\_\_\_\_%

What do they use? \_\_\_\_\_

## Communication

3. How do you communicate with your employees? Check all that apply

☐ intranet ☐ email ☐ pay stuffers ☐ flyers/posters ☐ other \_\_\_\_\_

4. How do you communicate *wellness issues* to your employees? Check all that apply

☐ intranet ☐ email ☐ pay stuffers ☐ flyers/posters ☐ do not communicate  
☐ other (please specify) \_\_\_\_\_

## Wellness Information

5. Do you have a wellness council/team that meets regularly?

Yes ☐ No ☐

If so, what departments are represented and at what level of management?

\_\_\_\_\_

6. Do you have a wellness director or someone dedicated to that role?

Yes ☐ No ☐

7. Are you open to implementing policies that encourage healthy behaviors? Yes ☐ No ☐

10. Are you open to implementing interior and exterior environmental changes? Yes ☐ No ☐

11. Is money available for incentives to encourage healthy behaviors?

Yes ☐ No ☐

12. Does your company participate in a business coalition/group that meets with other companies to discuss issues regarding physical activity and nutrition?

Yes ☐ No ☐

If so, please list the name of this coalition/group and contact information.

13. Would you or another company representative be interested in joining such a group?

Yes ☐ No ☐

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## Policy

14. Do you have any **written policies** regarding healthy vending options? Yes ☐ No ☐  
**Example:** You have a written policy that states at least 20% (approx. 8) of the items available in the vending machine are considered healthy by a recognized food labeling program.
15. Do you have any **written policies** regarding food served at meetings/corporate events/activities? Yes ☐ No ☐  
**Example:** You have a written policy that states which specific items or healthy restaurants are approved for company events.
16. Do you have any **written policies** regarding physical activity? Yes ☐ No ☐  
**Example:** You have a written policy that states employees are allowed a 15 minute physical activity break during work hours.
17. Do you have any written or **unwritten policies** that might *hinder* healthy eating or physical activity? Yes ☐ No ☐  
**Example:** You provide donuts every Friday in the break rooms, cake on birthdays, allow employees to bring in unhealthy food to share, employees are not encouraged to take 15 minute breaks, most employees work through lunch hour.  
Please list: \_\_\_\_\_

## Education/Promotion

### Nutrition:

18. Do you offer **educational programs** regarding nutrition? Yes ☐ No ☐  
(Examples: Offer classes on how to shop and prepare healthy snacks, onsite weight management classes, healthy heart classes)
19. Are healthy options available at staff meetings, company sponsored events, activities/celebrations? Yes ☐ No ☐
20. Is there easy access to **unhealthy food options**? Yes ☐ No ☐  
(vending machines, candy on desks of other employees, break rooms, cafeteria)

### Physical Activity:

21. Does your company encourage employees to participate in company sports teams? Yes ☐ No ☐
22. Does your company offer any onsite exercise programs? Yes ☐ No ☐  
(Morning stretching routines, onsite fitness center, onsite fitness classes, posted walking/running/biking groups)
23. Does your company encourage employees to use the stairs? Yes ☐ No ☐
24. Does your company allow employees to leave their desks to walk during breaks and lunch time? Yes ☐ No ☐
25. Does your insurance company offer discounts or reimbursements for fitness club memberships? Yes ☐ No ☐
26. Is there a nearby recreation/exercise facility (not including onsite center)? Yes ☐ No ☐

# Worksite Assessment Tool

## Offsite Food Options

27. Is food delivered to your office frequently? Yes ☐ No ☐  
Are healthy options usually available?
28. Do mobile food vendors visit your location? Yes ☐ No ☐  
Is yes, are healthy options available?
29. Are fresh fruits and vegetables available nearby? Yes ☐ No ☐  
(Grocery Store, Health Food Store, Farmer's Market, Co-Op, Mobile Food Vendor, Delivery)

## Built Environment

### Break Room(s)

30. Is the environment inviting? Yes ☐ No ☐
31. Is it clean? Yes ☐ No ☐
32. Is there any signage encouraging healthy eating? Yes ☐ No ☐
33. Are refrigerators available for staff to store food? Yes ☐ No ☐  
If yes, are they clean? Yes ☐ No ☐  
Is adequate space available for employees? Yes ☐ No ☐
34. Are microwaves, toaster ovens, sink, etc. available to prepare food? Yes ☐ No ☐

### Vending Machines

35. Are at least ¼ of the snacks available healthy? Yes ☐ No ☐
36. Are at least ¼ of the drinks available healthy? Yes ☐ No ☐
37. Are there any items labeled with nutritional data? Yes ☐ No ☐

### Onsite Cafeteria:

38. Is there an onsite Cafeteria?: Yes ☐ No ☐  
If no, skip to question 45
- Food Offerings:
- Non-fried entrée Yes ☐ No ☐
- Sauteed, steamed, or fresh vegetables Yes ☐ No ☐
- Whole grain Items Yes ☐ No ☐
- Fresh, frozen, dried, or canned (in juice) fruit Yes ☐ No ☐
- 100% fruit juice or frozen fruit product w/no added sweeteners <=8oz Yes ☐ No ☐
- Beans cooked w/ vegetables, vegetable oils, and/or herbs/spices Yes ☐ No ☐
- Water available Yes ☐ No ☐
- Nuts & seeds (portion <=1oz) Yes ☐ No ☐
- Yogurt or frozen yogurt Yes ☐ No ☐
- Skim or low-fat (1%) milk Yes ☐ No ☐
- Is nutritional data listed?
- If yes, what nutritional standards are used? \_\_\_\_\_

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## Onsite Cafeteria Continued:

39. Is the environment inviting?  
(Well lit, comfortable chairs) Yes ☐ No ☐
40. Is it clean? Yes ☐ No ☐
41. Is there any signage encouraging healthy eating? Yes ☐ No ☐
42. Are refrigerators available for staff to store food?  
If yes, are they clean? Yes ☐ No ☐  
Is adequate space available for employees? Yes ☐ No ☐
43. Are microwaves, toaster ovens, sink, etc. available to prepare food? Yes ☐ No ☐
44. Are there drinking fountains or water coolers available?  
If yes, are they clean and accessible? Yes ☐ No ☐

## Stairwells:

45. Does your worksite have stairwells? Yes ☐ No ☐
46. Are they well lit, safe, clean? Yes ☐ No ☐
47. Is there any signage encouraging employees to take the stairs? Yes ☐ No ☐

## Onsite Fitness Center:

48. Does your worksite have a fitness center? Yes ☐ No ☐
- If yes, what does it include? List number available
- |  |   |
|--|---|
| <input type="checkbox"/> Treadmills        | <input type="checkbox"/> Resistance Bands       |
| <input type="checkbox"/> Elliptical        | <input type="checkbox"/> Free Weights           |
| <input type="checkbox"/> Stair Climbers    | <input type="checkbox"/> Ab Crunch              |
| <input type="checkbox"/> Stationary Bikes  | <input type="checkbox"/> Stretching Mats        |
| <input type="checkbox"/> Nautilus Circuits | <input type="checkbox"/> Fitness/Health Signage |
| <input type="checkbox"/> Medicine Balls    | <input type="checkbox"/> Jump Ropes             |
| <input type="checkbox"/> Stability Balls   | Other: _____                                    |
49. Are employee lockers available? Yes ☐ No ☐
50. Are employee shower facilities available? Yes ☐ No ☐

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## Outdoor Areas:

51. Is there an outdoor eating or sitting area? Yes ☐ No ☐
52. If yes, are any of the areas smoke-free? Yes ☐ No ☐
53. Are there any designated smoking areas? Yes ☐ No ☐
54. If yes, are designated smoking areas at least 50 feet away from doors, windows or air intake vents? Yes ☐ No ☐
55. Are there any bike racks? Yes ☐ No ☐
56. Is there a secure location for indoor bike storage? Yes ☐ No ☐
57. Is there a bus stop within ¼ mile of your facility? Yes ☐ No ☐
58. Are there clear sidewalks or paths to your facility from the bus stop? Yes ☐ No ☐
59. Are there any walking trails, adjacent parks, greenways? Yes ☐ No ☐
60. Are sidewalks located around the facility and continuing to nearby shops, parks, healthy restaurants, etc.? Yes ☐ No ☐
61. Are there issues in connecting your facility with local parks, shops or sidewalks? Yes ☐ No ☐
61. Do you own or lease your building and grounds? Yes ☐ No ☐

*Adapted by [www.fitcitychallenge.org](http://www.fitcitychallenge.org)*